

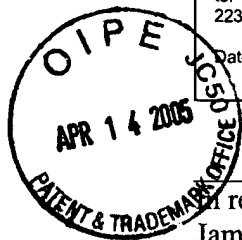
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 497520149 US in an envelope addressed to: M/S: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: April 14, 2005

Signature:

Lisa H. Smith
(Lisa H. Smith)

Docket No.: 09166/002001
(PATENT)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Patent Application of:
James G. Clough

Application No.: 09/693,235

Confirmation No.: 8568

Filed: October 20, 2000

Art Unit: 3728

For: ORTHOPEDIC SHOE APPLIANCE AND
METHOD

Examiner: Jila M. Mohandesi

TERMINAL DISCLAIMER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The undersigned is empowered to act on behalf of the organization, Cluffy Biomedical, LLC. Cluffy Biomedical, LLC certifies that it is the owner of 100% interest in the above identified patent application, as evidenced by the attached assignment, said assignment having been submitted to the U.S. Patent and Trademark Office on February 8, 2005 for recordation.

The owner hereby disclaims, except as provided below, the terminal part of the statutory term of any patent granted on the above-identified application, which would extend beyond the expiration date of the full statutory term defined in 35 U.S.C. 154 to 156 and 173, as presently shortened by any terminal disclaimer, of prior U.S. Patent No. 6,874,258. The owner hereby agrees that any patent that is granted on the above-identified application shall be enforceable only for and during such period that it and the above listed patent are commonly

04/18/2005 MBIZUNES 00000023 09693235

98154

01 FC:2814

65.00 OP

owned. This agreement runs with any patent granted on the above-identified application and is binding upon the grantee, its successors or assignees.

In making the above disclaimer, the owner does not disclaim the terminal part of any patent granted on the above-identified application that would extend to the expiration date of the full statutory term as defined in 35 U.S.C. 154 to 156 and 173 of the prior patent, as presently shortened by any terminal disclaimer, in the event that it later: expires for failure to pay a maintenance fee, is held unenforceable, is found invalid by a court of competent jurisdiction, is statutorily disclaimed in whole or terminally disclaimed under 37 CFR 1.321, has all claims canceled by a reexamination certificate, is reissued, or is in any manner terminate prior to the expiration of its full statutory term.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application of any patent issued thereon.

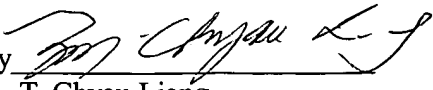
Please charge our Credit Card in the amount of \$65.00 covering the fee set forth in 37 CFR 1.20(d). Credit Card Payment Form SB-2038, with a signature from an authorized cardholder, is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith to our Deposit Account No. 50-0591, under Order No. 09166/002001.

Application No.: 09/693,235

Docket No.: 09166/002001

Dated: April 14, 2005

Respectfully submitted,

By 

T. Chyau Liang

Registration No.: 48,885

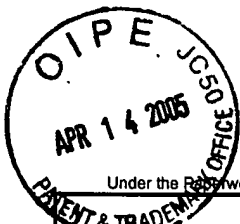
OSHA & MAY L.L.P.

1221 McKinney St., Suite 2800

Houston, Texas 77010

(713) 228-8600

(713) 228-8778 (Fax)



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	09/693,235-Conf. #8568
		Filing Date	October 20, 2000
		First Named Inventor	James G. Clough
		Examiner Name	J. M. Mohandes
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3728
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	09166/002001

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha & May L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
23	- 23 =	x	=			
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
3	- 3 =	x	=			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/50	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2814 Statutory Disclaimer	65.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	48,885
Name (Print/Type)	T. Chyau Liang, Ph.D.	Telephone	(713) 228-8600
		Date	April 14, 2005

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 497520149 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: April 14, 2005

Signature: (Lisa H. Smith)



Atty Docket No.: 09166/002001

Inventor: James G. Clough

Application No.: 09/693,235-Conf. #8568

Filing Date: October 20, 2000

Title: ORTHOPEDIC SHOE APPLIANCE AND METHOD

Documents Filed:

Assignment (2 pages)

Recordation Form Cover Sheet (1 page)

Payment by credit card. Form PTO-2038 is attached (1 page)

Charge \$40.00 to credit card

EV576719405US

Via: Express Mail: Airbill No. EV576719405US

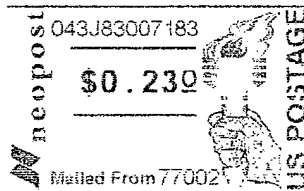
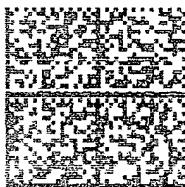
Sender's Initials: TCL/bwh

Date: February 8, 2005

RECEIVED

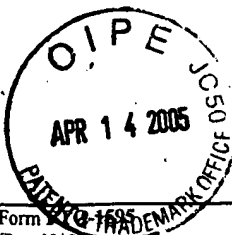
FEB 18 2005

OSHA & MAY L.L.P.



OSHA & MAY L.L.P.
1221 MCKINNEY, SUITE 2800
HOUSTON, TEXAS 77010

NOTED FEB - 8 PM 1:17
OPR/FINANCE



Form **PTO-1695**
(Rev. 03/01)
OMB No. 0651-0027 (exp. 5/31/2002)

RECORDATION FORM COVER SHEET
PATENTS ONLY

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof

1. Name of conveying party(ies):

James G. Clough

Additional name(s) of conveying party(ies) attached?

☐ Yes

☒ No

3. Nature of Conveyance:

☒ Assignment

☐ Merger

☐ Security Agreement

☐ Change of Name

☐ Other

Execution Date: January 5, 2005

2. Name and address of receiving party(ies)

Name: Cluffy Biomedical LLC

Internal Address: _____

Street Address: _____

3700 Huckleberry Drive

City: Great Falls

State: Montana

Zip: 59405-0000

Additional name(s) & address(es) attached:

☐ Yes

☒ No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the new application is: _____

A. Patent Application No.(s):

09/693,235

B. Patent No.(s):

Additional numbers attached?

☐ Yes

☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Jonathan P. Osha
OSHA & MAY L.L.P.

Internal Address: Atty. Dkt.: 09166/002001

Street Address:
1221 McKinney St., Suite 2800

City:
Houston

State: TX Zip: 77010

6. Total number of applications and patents involved:

1

7. Total fee (37 CFR 3.41)

\$ 40.00

☐ Enclosed

☐ Authorized to be charged to deposit account

☒ Authorized to be charged to credit card
(Form 2038 enclosed)

8. Deposit account number:

50-0591

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

T. Chyau Liang #48,885

Name of Person Signing

T. Chyau Liang

Signature

2/7/05

Date

Total number of pages including cover sheet, attachments, and documents: 3

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV576719405US, in an envelope addressed to: MS Assignment Recordation Services, Director of the US Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: February 8, 2005

Signature: Beri W. Hartwell

(Beri W. Hartwell)

ASSIGNMENT – WORLDWIDE

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned individual(s) (referred to herein as the "INVENTOR(S)") hereby assign, transfer, and set over to:

CLUFFY BIOMEDICAL, LLC

having the following address:

**3700 Huckleberry Drive
Great Falls, Montana 59405-0000**

(referred to herein as "COMPANY"), its successors, and assigns, the entire right, title, and interest, worldwide, in and to the invention known by the following title:

ORTHOPEDIC SHOE APPLIANCE AND METHOD

for which the undersigned has/have executed an application for patent in the United States of America on or about this same day, together with said patent application, all divisions, continuations, continuations-in-part, reissues, and extensions thereof, and all Letters Patent (domestic and foreign) that may be granted therefor. Such interest represents the entire ownership of said applications and Letters Patent when granted and is to be owned by COMPANY, its successors, and assigns, or their legal representatives, for the full and entire term for which such Letters Patent may be granted or extended, as fully and entirely as the same would have been enjoyed by the INVENTOR(S) if this assignment had not been made.

In addition, the undersigned INVENTOR(S) each hereby agrees:

1. To sign and execute any further documents that may be necessary or desirable, lawful, and proper in connection with the prosecution of all applications for patent(s) on the INVENTION in the United States, including without limitation said application and all divisions, continuations, continuations-in-part, amendments thereof, and all interference proceedings associated therewith, or otherwise necessary or desirable to secure the title thereto to COMPANY;
2. To execute all papers and documents and to perform all lawful acts that may be necessary in connection with claims to priority or otherwise under the International Convention for the Protection of Industrial Property or similar treaties or agreements;
3. To perform all lawful affirmative acts that may be necessary to obtain the grant of valid and enforceable patents to COMPANY.

The undersigned INVENTOR(S) each hereby authorizes and requests the Commissioner of Patents and Trademarks in the United States to issue any and all Letters Patent resulting from said application, including without limitation any division, continuation, continuation-in-part, or reissue thereof to COMPANY.

The undersigned INVENTOR(S) each hereby grants to the firm of OSHA & MAY L.L.P. the power to insert on this Assignment any further identification that may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office for the recordation of this document.

OSHA & MAY L.L.P.

IN WITNESS WHEREOF, this Assignment has been executed by each of the undersigned individuals on the date appearing by such individual's signature:

<u>1/5/05</u> Date	1 st Inventor Signature: <u>[Signature]</u> Print or Type Name: <u>James G. Clough</u>
 Date	2 nd Inventor Signature: _____ Print or Type Name: _____
 Date	3 rd Inventor Signature: _____ Print or Type Name: _____
 Date	4 th Inventor Signature: _____ Print or Type Name: _____

This Assignment must be signed before a Notary Public for one of the States of the United States.

NOTARY PUBLIC

State of _____
County of _____

Before me personally appeared:

James Clough
1st Inventor

2nd Inventor

3rd Inventor

4th Inventor

each of whom acknowledged the foregoing instrument to be a free act and deed and also represented that he/she is authorized to execute this Assignment.

Dated: 1-5-05

Kathy Nelson
Notary Public

My commission expires: 7-21-05

85746_1.DOC

When this Assignment is not filed concurrently with the patent application, the following identifying information may be added after execution:

U.S. Application Serial No.: 09/693,235

Filing Date: October 20, 2000

Customer Copy

Label 11-F, April 2004



EV 576719405 US

EXPRESS
MAIL

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 77010	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 13.65
Date Accepted 02-08-05	Scheduled Date of Delivery 02-10-05	Return Receipt Fee \$ 0.00
Time Accepted 4:06 PM	Scheduled Time of Delivery Noon	Insurance Fee \$ 0.00
Flat Rate <input type="checkbox"/> or Weight <input checked="" type="checkbox"/>	Int'l Alpha Country Code	Total Postage & Fees \$ 13.65
lbs. 2.40		Acceptance Emp. Initials LA

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. (With delivery to be made without obtaining signature of addressee or addressee's agent or delivery employee's signature that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.			
<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			

CUSTOMER USE ONLY

METHOD OF PAYMENT: Express Mail Corporate Acct. No.		Federal Agency Acct. No. or Postal Service Acct. No.
FROM: (PLEASE PRINT) OSHA & MAY LLP ONE HOUSTON CENTER STE 2800 1221 MCKINNEY AVE HOUSTON TX 77010-2028	PHONE 713 228 8600	TO: (PLEASE PRINT) CALL STOP COMMISSIONER FOR PATENTS PO BOX 1450 ALEXANDRIA VA 22313-1450

FOR PICKUP OR TRACKING: Visit www.usps.com or Call 1-800-222-1811